

EXHIBIT 1

395 Hospital Blvd
Jackson, TN 38305
Phone: (731) 664-7395
Fax: (731) 664-0057

Garrick Cole

03/05/2013 10:35 AM

Location: OFFICE

Patient #: E31430

DOB: 06/03/1971

Marital status: Single / Language: English / Race: Black or African American / Ethnicity: Not Hispanic or Latino

Gender: Male

History of Present Illness (JAMIE CORLEY 03/05/2013 02:22 PM)

The patient is a 41 year old male who presents for renal dialysis management. Mr. Cole is a patient of Dr. Mulay & Dr. Sarkar. He comes in today for evaluation of dialysis access placement. He's already undergone upper extremity venous mapping procedure bilaterally. He states that he's been on dialysis short term & suffers from diabetes as well as hypertension. He's referred for surgical consultation & consideration of more enduring dialysis access options. He's currently receiving dialysis through a R sided permacath

Additional complaint:

Transition into care is described as the following:

The patient most recently received care from another physician.

Allergies (JAMIE CORLEY; 03/05/2013 02:25 PM)

No Known Drug Allergies 03/05/2013

Past Medical History (JAMIE CORLEY; 03/05/2013 02:25 PM)

Hypertension (401.9)

Diabetes (250.00)

Kidney disease (593.9)

asthma

Family History (JAMIE CORLEY; 03/05/2013 02:25 PM)

Leukemia: Father; Aunt

Stroke: Grandmother

Diabetes: Family Members In General

Heart Disease: Grandmother

Hypertension: Family Members In General

Social History (JAMIE CORLEY; 03/05/2013 02:25 PM)

Current tobacco use: Never smoker

Non Drinker/No Alcohol Use

Marital status: Single

Current work status: Unemployed, looking for work

Medication History (JAMIE CORLEY; 03/05/2013 02:25 PM)

AmLODIPine Besylate (10MG Tablet 1 Oral daily) Active - Hx Entry.

Aspirin EC (325MG Tablet DR 1 Oral daily) Active - Hx Entry.

Calcium Acetate (667MG Capsule 2 Oral tid) Active - Hx Entry.

Carvedilol (25MG Tablet 1 Oral bid) Active - Hx Entry.

Docusate Sodium (100MG Tablet 1 Oral q 12 hrs) Active - Hx Entry.

HumuLIN 70/30 ((70-30) 100UNIT/ML Suspension 60 u q am & 45 q pm Subcutaneous daily) Active - Hx Entry.

HumuLIN R (100UNIT/ML Solution SLIDING SCALE Injection Daily) Active - Hx Entry.

Pravastatin Sodium (80MG Tablet 1 Oral Daily) Active - Hx Entry.

Selenium Sulfide (2.25% Foam External MONTHLY) Active - Hx Entry.

Therapeutic Gel (2.8% Shampoo 1 INCH External PRN) Active - Hx Entry.

Medications Reconciled.

Past Surgical (JAMIE CORLEY; 03/05/2013 02:25 PM)

R sided permacath placement

Review of Systems (JAMIE CORLEY; 03/05/2013 02:20 PM)

General: Present- **Fatigue** and **Weight Loss**. Not Present- Appetite Loss, Fever, Night Sweats and Weight Gain.

Skin: Not Present- Change in Skin and Rash.

HEENT: Not Present- Hearing Loss, Earache, Hoarseness, Sore Throat and Painful Swallowing.

Respiratory: Present- **Cough**. Not Present- Bloody sputum, Sputum Production and Wheezing.

Cardiovascular: Present- **Irregular Heart Beat**, **Shortness of Breath with exercise**, **Shortness of Breath at rest**, **Sleeps with head elevated** and **Shortness of Breath**. Not Present- Chest Pain, Leg Pain and/or Swelling, Leg pain upon walking and Shortness of Breath causing waking at night.

Gastrointestinal: Present- **Constipation** and **Heartburn**. Not Present- Abdominal Pain, Bloody Stool, Diarrhea, Difficulty Swallowing, Nausea and Vomiting.

Male Genitourinary: Present- **Urinating at Night**. Not Present- Blood in Urine, Difficulty Urinating, Controlling Bladder, Frequency and Painful Urination.

Musculoskeletal: Present- **Muscle Pain**. Not Present- Joint Pain, Joint Stiffness and Joint Swelling.

Neurological: Present- **Numbness**, **Visual Changes** and **Weakness**. Not Present- Dizziness, Headaches, Loss of balance and Mini-strokes.

Endocrine: Present- **Shakes** and **Trembles**. Not Present- Cold Intolerance, Change in Skin, Hair Changes and Heat Intolerance.

Vitals (BRANDEE O CARNEY; 03/05/2013 10:36 AM)

03/05/2013 10:35 AM

Weight: 250 lb **Height:** 76 in

Body Surface Area: 2.47 m² **Body Mass Index:** 30.43 kg/m²

Pulse: 83 (Regular)

BP: 125/74 Manual (Sitting, Left Arm, Standard)

Physical Exam (James D Day, MD; 03/05/2013 11:07 AM)

The physical exam findings are as follows:

General

Mental Status - Alert. **General Appearance** - Cooperative, Well groomed and Consistent with stated age. **Orientation** - Oriented X3. **Build & Nutrition** - Well nourished. **Posture** - Normal posture. **Gait** - Normal. **Hydration** - Well hydrated. **Voice** - Normal.

Integumentary

General Characteristics: Overall examination of the patient's skin reveals - no rashes and no suspicious lesions.

Head and Neck

Head - normocephalic, atraumatic with no lesions or palpable masses.

Trachea - midline.

Chest and Lung Exam

Chest and lung exam reveals - normal excursion with symmetric chest walls and quiet, even and easy respiratory effort with no use of accessory muscles.

Auscultation:

Breath sounds: - Normal and - Clear.

Cardiovascular

Auscultation: Rhythm - Regular. **Heart Sounds** - Normal heart sounds.

Murmurs & Other Heart Sounds: Auscultation of the heart reveals - No Murmurs.

Abdomen

Inspection: Inspection of the abdomen reveals - No Visible peristalsis and No Hernias. **Umbilicus** - Normal.

Palpation/Percussion: Palpation and Percussion of the abdomen reveal - Non Tender, No hepatosplenomegaly and No Palpable abdominal masses.

Auscultation: Auscultation of the abdomen reveals - Bowel sounds normal.

Peripheral Vascular

palpable left distal cephalic vein ~4mm in diameter

Neurologic

Mental Status: Affect - normal. **Speech** - Normal.

Assessment & Plan (JAMIE CORLEY; 03/05/2013 02:25 PM)

ESRD (end stage renal disease) on dialysis (585.6)

Today's' Impression: Mr. Cole comes in today with venous anatomy which is sufficient for Cimino fistula placement. He is R hand dominant & therefore I've recommended a L Cimino fistula. his cephalic vein at that location is 4 mms in diameter. He does have proximal branch points & will therefore likely need postoperative colling of these branches in order to encourage flow through the dominant lumen. I discussed with him the risks, benefits & potential complications of the procedure itself, including, but not limited to, the possibility of bleeding, infection, pain, wound complications, fistula failure & the need for future operations. He voices understanding of these potential risks of surgery & agrees to proceed. We'll schedule this at his earliest convenience.

J. Daniel Day, MD /jrc

cc: Dr. Mulay
1575 Parr Avenue
Dyersburg, TN 38024

Dr. Sarkar
170 Murray Guard Drive
Jackson, TN 38305

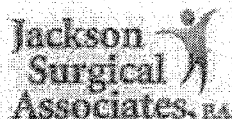
Current Plans:

- **ARTERY-VEIN NONAUTOGRAFT (36830) Routine**

Ordering Caregiver	James D Day, MD
Admit Date	3/14/2013
Admit Time	630 AM
Surgery Date	3/14/2013
Anesthesia	General
Procedure	JG-OUTPT....PD CATH PLACEMENT
Notes	LABS @ JG ON ADMIT, PT IS PRISONER
Surgery posted with	MARY
Case #	782572
By	BLAIR
- Dialysis Access



James D Day MD



Jackson Surgical Associates, P.A.
 395 Hospital Boulevard
 Jackson, TN 38305
 Phone (731) 664-7395
 FAX (731) 664-6885

Patient Name:	COLE, GARRICK	Accession	130910171017153
Patient ID:	E31430JSA	Number:	
Gender:	Male	Requested Date:	September 10, 2013 13:51
Date of Birth:	March 6, 1971	Report Status:	Final
Home Phone:		Requested	1
Referring	Day, J. Daniel	Procedure:	
Physician:		Procedure	EXTREMITY
Organization:	JSA	Description:	
		Modality:	US

Reporting MD: Lucas, Louis
Dictation Time: September 11, 2013 15:02

EXAMINATION:

Left upper extremity duplex venous exam

CLINICAL HISTORY:

A 42-year-old man with end-stage renal disease undergoing preoperative exam for dialysis access.

COMPARISON:

None available.

TECHNIQUE:

Real-time grayscale sonography was used to evaluate the left upper extremity veins. Limited evaluation of the arteries also was performed.

FINDINGS:

Left arm:

at the wrist measures 2.9 mm.
 in the mid forearm measures 2.5 mm.
 in the proximal forearm measures 3.2 mm.

at the elbow measures 3.6 mm
 in the distal upper arm measures 3.5 mm.
 in the distal upper arm measures 2.3 mm.
 in the mid upper arm measures 3.9 mm.

Basilic vein:

At the elbow measures 3.4 mm.
 In the distal upper arm measures 4.2 mm.
 In the mid upper arm measures 6.4 mm.



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Deep veins are patent without abnormality. The left upper extremity arteries demonstrate normal triphasic waveforms.

CONCLUSION:

Left upper extremity venous mapping as above.

Electronically signed by: Louis Lucas (Sep 11, 2013 15:02:29)

Jackson Surgical Associates
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UPPER EXTREMITY VEIN MAPPING

Name	Phone #	PIN	Sex	Age	Date of Exam
Garrick Cole		E31430	Male	42	09/10/2013
Referring Physician	Phone #	Tape #	Date of Birth		Previous Exam
J. Daniel Day			06/03/1971		/ /

Indications Chronic renal failure, Pre Op

Risk Factors

Notes

Right			Left		
Basilic Vein	Cephalic Vein		Cephalic Vein	Basilic Vein	
	Axilla		Axilla		
Upper Arm	Upper Arm	3.8	Upper Arm	6.3	Upper Arm
Lower Arm	Lower Arm	2.2	Lower Arm	4.1	Lower Arm
Antecubital	Antecubital	3.6	Antecubital	3.3	Antecubital
Upper Forearm	Upper Forearm	3.2	Upper Forearm		Upper Forearm
Lower Forearm	Forearm	2.4	Forearm		Lower Forearm
Wrist	Wrist	2.8	Wrist		Wrist
Median Cubital					Median Cubital
Subclavian Artery	Axillary Artery		Subclavian Artery	Axillary Artery	
		(Vein diameters in mm.)	Normal	Normal	

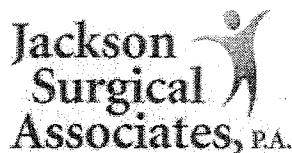
Interpretation

Left arm :

1. The cephalic vein may be an inadequate conduit for dialysis access - the smallest diameter is 2.2 mm.
2. The basilic vein appears to be an adequate conduit for dialysis access - the smallest diameter is 3.3 mm.
3. The brachial artery is patent with multi-phasic waveforms.
4. This study was done with a tourniquet and in a sitting position.
5. This is a preliminary report, the official report will come from Jackson Radiology Associates.

Elizabeth Moseley RDMS, RVT, RT
 Technologist

Jackson Radiology Associates
 Interpreting Physician



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Garrick Cole

09/10/2013 02:43 PM

Location: OFFICE

Patient #: E31430

DOB: 06/03/1971

Marital status: Single / Language: English / Race: Black or African American / Ethnicity: Not Hispanic or Latino

Gender: Male

History of Present Illness (JAMIE CORLEY 09/12/2013 07:40 AM)

The patient is a 42 year old male who presents for renal dialysis management. Mr. Cole is a patient of Dr. Mulay & Dr. Sarkar. He comes in for follow-up of dialysis access placement options. He's already undergone upper extremity venous mapping procedure bilaterally. He states that he's been on dialysis short term & suffers from diabetes as well as hypertension. Mr. Cole is in need for hemodialysis access placement. He states that he is going to have to spend some time in jail and that they only have the capability of providing hemodialysis for him rather than the peritoneal dialysis that he is currently using. He underwent upper extremity venous mapping today for further evaluation today in this regard.

Allergies (JAMIE CORLEY; 09/12/2013 07:40 AM)

No Known Drug Allergies 03/05/2013

Past Medical History (JAMIE CORLEY; 09/12/2013 07:40 AM)

Kidney disease (593.9)

ESRD (end stage renal disease) on dialysis (585.6)

Diabetes (250.00)

asthma

Hypertension (401.9)

Family History (JAMIE CORLEY; 09/12/2013 07:40 AM)

Heart Disease: Grandmother

Hypertension: Family Members In General

Diabetes: Family Members In General

Leukemia: Father; Aunt

Stroke: Grandmother

Social History (JAMIE CORLEY; 09/12/2013 07:40 AM)

Marital status: Single

Current work status: Unemployed, looking for work

Current tobacco use: Never smoker

Non Drinker/No Alcohol Use

Medication History (JAMIE CORLEY; 09/12/2013 07:40 AM)

AmLODIPine Besylate (10MG Tablet, 1 Oral daily) Active.

Aspirin EC (325MG Tablet DR, 1 Oral daily) Active.

Calcium Acetate (667MG Capsule, 2 Oral tid) Active.

Carvedilol (25MG Tablet, 1 Oral bid) Active.

Docusate Sodium (100MG Tablet, 1 Oral q 12 hrs) Active.

HumuLIN 70/30 ((70-30) 100UNIT/ML Suspension, 60 u q am & 45 q pm Subcutaneous daily) Active.

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Selenium Sulfide (2.25% Foam, External MONTHLY) Active.

Therapeutic Gel (2.8% Shampoo, 1 INCH External PRN) Active.

Past Surgical (JAMIE CORLEY; 09/12/2013 07:40 AM)

R sided permacath placement

Review of Systems (JAMIE CORLEY; 09/12/2013 07:40 AM)

General: Present- **Fatigue** and **Weight Loss**. Not Present- Appetite Loss, Fever, Night Sweats and Weight Gain.

Skin: Not Present- Change in Skin and Rash.

HEENT: Not Present- Hearing Loss, Earache, Hoarseness, Sore Throat and Painful Swallowing.

Respiratory: Present- **Cough**. Not Present- Bloody sputum, Sputum Production and Wheezing.

Cardiovascular: Present- **Irregular Heart Beat**, **Shortness of Breath with exercise**, **Shortness of Breath at rest**, **Sleeps with head elevated** and **Shortness of Breath**. Not Present- Chest Pain, Leg Pain and/or Swelling, Leg pain upon walking and Shortness of Breath causing waking at night.

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Neurological: Present- **Numbness**, **Visual Changes** and **Weakness**. Not Present- Dizziness, Headaches, Loss of balance and Mini-strokes.

Endocrine: Present- **Shakes** and **Trembles**. Not Present- Cold Intolerance, Change in Skin, Hair Changes and Heat Intolerance.

Vitals (STACEY SAWYER; 09/10/2013 02:43 PM)

09/10/2013 02:43 PM

Weight: 250 lb **Height:** 76 in

Body Surface Area: 2.47 m² **Body Mass Index:** 30.43 kg/m²

Pulse: 97 (Regular)

BP: 131/84 Electronic (Sitting, Left Arm, Standard)

Physical Exam (James D Day, MD; 09/10/2013 05:05 PM)

The physical exam findings are as follows:

General

Mental Status - Alert. **General Appearance** - Cooperative, Well groomed and Consistent with stated age. **Orientation** - Oriented X3. **Build & Nutrition** - Well nourished. **Posture** - Normal posture. **Gait** - Normal. **Hydration** - Well hydrated. **Voice** - Normal.

Integumentary

General Characteristics: Overall examination of the patient's skin reveals - no rashes and no suspicious lesions.

Head and Neck

Head - normocephalic, atraumatic with no lesions or palpable masses.

Trachea - midline.

Chest and Lung Exam

Chest and lung exam reveals - normal excursion with symmetric chest walls and quiet, even and easy respiratory effort with no use of accessory muscles.

Auscultation:

Breath sounds: - Normal and - Clear.

Cardiovascular

Auscultation: Rhythm - Regular. **Heart Sounds** - Normal heart sounds.

Murmurs & Other Heart Sounds: Auscultation of the heart reveals - No Murmurs.

Abdomen

Inspection: Inspection of the abdomen reveals - No Visible peristalsis and No Hernias. **Umbilicus** - Normal.

Palpation/Percussion: Palpation and Percussion of the abdomen reveal - Non Tender, No hepatosplenomegaly and No Palpable abdominal masses.

Auscultation: Auscultation of the abdomen reveals - Bowel sounds normal.

Peripheral Vascular

Upper Extremity:

Palpation: Allen test - Left - Normal.

palpable left distal cephalic vein ~3mm in diameter. Palpable radial pulse.

Neurologic

Mental Status: Affect - normal. Speech - Normal.

Assessment & Plan (JAMIE CORLEY; 09/12/2013 07:40 AM)

ESRD (end stage renal disease) on dialysis (585.6)

Today's Impression: [ASSESSMENT]

Mr. Cole has need of a fistula for dialysis access currently. I have reviewed his upper extremity venous mapping, which was repeated today. He has what appears to be sufficient venous diameter for a Cimino fistula on the left, which is his nondominant arm.

[PLAN]

I have discussed with him the details of this procedure. I have also discussed the risks, benefits, and potential complications of the procedure in detail, including, but not limited to the possibility of bleeding, failure, infection, the need for repeated procedures, pain, and scarring. He recognizes these potential complications, as well as others, and those associated with anesthesia and wishes to proceed. I also informed him that if we were not able to technically perform a good Cimino fistula because of vein quality at the time of exploration that we would immediately move to doing a brachiocephalic AV fistula on the left. I will plan on scheduling this procedure for him at his earliest convenience.

J. Daniel Day, M.D./RI326

cc: Shyamal Sarkar, M.D.

Thank you, very much, for sharing your patients with us and allowing us to participate in their care.

Current Plans:

Addendum Note (JAMIE CORLEY; 10/02/2013 11:37:30 AM)

ADDENDUM: I have been in communication with Dr. Sarkar's office. They are requesting removal of his current Tenckhoff catheter rather than placement of a Cimino fistula on October 3, as we had planned. They have plans to place a Permacath on that date for short term dialysis access. If he requires long term dialysis access, then he would need further evaluation for options at that time.

We discussed with the patient by phone the risks, benefits, potential complications & alternatives to Tenckhoff removal. He's agreed to this & we'll plan to do this procedure for him on 10/3/13.

J. Daniel Day, MD /jrc



James D Day MD